

THE SECONDARY MORTGAGE LOAN ACT

REGISTRATION APPLICATION  
PROCEDURES  
(For FIS 1021)

The Commissioner of the Office of Financial and Insurance Services has determined that this application is available for public inspection or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq; MSA 4.1801(1) et seq, and section 2109 of the Michigan Banking Code of 1999, as amended, MCL 487.12109; MSA 23.710(12109). Accordingly, except as otherwise indicated in this application, the contents of the application shall be disclosed to any person who properly requests an opportunity for inspection, examination, or copying.

1. Complete only the secondary mortgage loan license OR registration application, not both.
2. A registration application will not be accepted if the required operating fee, proof of financial responsibility deposit, financial statement, etc. is not submitted with the application. A registration application will not be accepted if the application contains whiteout or strikeouts. A registrant that has issued shares of stock must reflect the number of shares issued on the enclosed balance sheet.
3. Please respond completely to all questions on the registration form. If a question does not relate to your business or its activities, complete the question with a "none" or "not applicable" answer.
4. The application for registration must be made in writing (ink or typed) to the Commissioner of the Office of Financial and Insurance Services on the attached forms.
5. If registrant is a corporation, resident agent and address must agree with that on file with the Corporation and Land Development Bureau. The corporate name must be the same name as the applicant (including DBA name(s), if necessary).
6. If registrant is approved as a seller or servicer by the Federal National Mortgage Association (FNMA) or the Federal Home Loan Mortgage Corporation (FHLMC), please attach a copy of the notification letter or certificate of such approval. The name approved by FNMA or FHLMC must be the same name as the applicant (including DBA name(s), if necessary).
7. If registrant is approved as an issuer or servicer by the Government National Mortgage Association (GNMA), please attach a copy of the notification letter or certificate of such approval. The name approved by GNMA must be the same name as the applicant (including DBA name(s), if necessary).
8. If registrant is licensed or registered as a mortgage broker, lender, and/or servicer under the Mortgage Brokers, Lenders, and Servicers Licensing Act, please attach a copy of such license. This license must be in the same name as the applicant (including DBA name(s), if necessary).
9. If registrant is a subsidiary or affiliate of a depository financial institution or a subsidiary or affiliate of a holding company of a depository financial institution, please state the name and address of the depository financial institution, and provide an organization chart depicting the affiliation.
10. If registrant will be conducting business under an assumed name, please attach a copy of the assumed name filing.
11. If registrant is a corporation, please complete the Affidavit of Official Signing of Registration and Certificate of Resolution, Corporate Board of Directors.
12. A financial statement is required of **all** registrants, and must be completed in the registrant's name.

13. A registrant who acts solely as a mortgage broker and who receives funds from a prospective borrower prior to the closing of the mortgage loan or a registrant who acts solely as a mortgage lender shall maintain a deposit or bond in the amount of \$25,000 with the Office. A registrant who acts as a mortgage servicer shall maintain a deposit or bond in the amount of \$125,000 with the Office. Such deposit or bond may be maintained by one of the following means:
- a. A corporate surety bond payable to the Commissioner, executed by a surety approved by the Commissioner. The bond must be written with an expiration date of December 31 of a subsequent year. The bond must be in the format prescribed on page 10a of the registration application.
  - b. An irrevocable letter of credit upon which the registrant is the obligor. The letter of credit must be in the format prescribed on pages 10b and 10c of the registration application. The credit must be issued or confirmed by a Michigan bank, savings bank, savings and loan association, or credit union, the deposits of which are insured by an agency of the federal government. The letter of credit must be written with an expiration date of December 31 of a subsequent year. All letters of credit submitted to the Office are subject to final review and approval by the Commissioner.
  - c. A registrant who intends to act as a secondary mortgage broker **ONLY**, and will not receive funds from a prospective borrower prior to the closing of any secondary mortgage loan, must file a "Statement of Exemption of Proof of Financial Responsibility Deposit" form. The prescribed form 10d is included in the application.
14. Mail your check, payable to the State of Michigan, and the completed application to:

Division of Financial Institutions  
ATTN: Licensing and Enforcement  
P. O. Box 30224  
Lansing, MI 48909

If using overnight mail, federal express, etc., mail your check, payable to the State of Michigan, and the completed application to:

Division of Financial Institutions  
ATTN: Licensing and Enforcement  
333 S. Capitol Avenue, Suite A  
Lansing, MI 48933

Questions pertaining to the completion of this registration may be directed to the Division's Licensing and Enforcement at (517) 373-3460.

# Application for Secondary Mortgage Loan Act Registration

Authorized by: Secondary Mortgage  
Loan Act, Act No. 125 of the Public  
Acts of 1981, as amended. Required for  
registration as a secondary mortgage  
broker, lender, or servicer.

(Check appropriate box or boxes)

☐ Broker

☐ Lender

☐ Servicer

Please read and refer to the accompanying instructions before completing this application.

Name (Corporation, Partnership, Sole Proprietorship, or Individual). Include DBA name(s), if applicable.		
Street Address		
City	State	Zip Code
County	Telephone No. (       )	Facsimile No. (       )
Federal Taxpayer I.D. No.	State Where Organized	
Date of Organization	Date admitted into Michigan, if Foreign Corporation or Association	
Name of Michigan Resident Agent	Address of Michigan Resident Agent	
Name of state(s) other than Michigan where the applicant or its affiliates currently broker, originate, or service secondary mortgage loans.		

**STATUS OF APPLICANT:** (Check appropriate box)

☐ An individual doing business  
under own name

☐ A limited partnership

☐ A limited liability company

☐ An individual doing business  
under an assumed/trade name

☐ A general partnership

☐ An association

☐ A corporation  
Michigan corporate I.D. #

\_\_\_\_\_

☐ Other  
(describe) \_\_\_\_\_

## CATEGORY OF REGISTRANT

(Check appropriate box)

If you do not fit into at least one of the following categories, you do not qualify to register under the Secondary Mortgage Loan Act.

- ☐ A secondary mortgage broker, lender, or servicer approved as a seller or servicer by the Federal National Mortgage Association (FNMA).
- ☐ A secondary mortgage broker, lender or servicer approved as a seller or servicer by the Federal Home Loan Mortgage Corporation (FHLMC).
- ☐ A secondary mortgage broker, lender or servicer approved as an issuer or servicer by the Government National Mortgage Association (GNMA).
- ☐ A secondary mortgage broker, lender or servicer currently **licensed** under the Mortgage Brokers, Lenders, and Servicers Licensing Act. Please submit a copy of the mortgage broker, lender, and/or servicer license certificate.
- ☐ A secondary mortgage broker, lender or servicer currently **registered** under the Mortgage Brokers, Lenders, and Servicers Licensing Act. Please submit a copy of the mortgage broker, lender, and/or servicer registration certificate. (A secondary mortgage broker, lender or servicer will meet this qualification **only** if the secondary mortgage broker, lender or servicer is approved by FNMA, FHLMC, and/or GNMA.)
- ☐ A mortgage broker, lender or servicer which is a subsidiary or affiliate of a depository financial institution or a subsidiary or affiliate of a holding company of a depository financial institution. Please list the name and address of the depository financial institution and provide a copy of the applicant's organization chart depicting this affiliation (complete the following only if the applicant is an affiliate or subsidiary of a financial depository institution):

Depository Financial Institution Name		
Street Address		
City	State	Zip Code

If registrant is other than an individual, list the names of all partners, officers, directors, shareholders and affiliates of the firm, co-partnership or association. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary and treasurer. "Shareholders" means all shareholders if the total number of shareholders equals 20 or less, or if there are more than 20 shareholders, only those shareholders holding (or controlling) at least 20% of the outstanding voting stock. (If more space is required, please attach additional sheets as necessary.)

Officer's Name	Business Address (Street, City, State, Zip Code)
CEO	
President	
Vice President	
Secretary	
Treasurer	

Director's Name	Business Address (Street, City, State, Zip Code)

Shareholder's Name	Stock Ownership (no. of shares)	Stock Ownership (percentage)

Are all Officers, Directors, etc. and their titles, listed above or on a sheet attached to this application? \_\_\_\_\_

**DESIGNATED CORRESPONDENT** (Responsible for responding to questions relating to this application)

Name		Title	
Street Address		City	
State	Zip Code	Telephone No. (      )	

**LOCATION OF THE PRINCIPAL U.S. OFFICE OF THE REGISTRANT**

Name		Telephone No. (      )	
Street Address		City	
County	State	Zip Code	

**LOCATION OF THE PRINCIPAL MICHIGAN OFFICE OF THE REGISTRANT**

Name		Telephone No. (      )	
Street Address		City	
County	State	Zip Code	

**INDIVIDUAL RESPONSIBLE FOR THE MICHIGAN OPERATIONS OF THE REGISTRANT**

Name		Title	
Street Address		City	
State	Zip Code	Telephone No. (      )	

**LOCATION WHERE OFFICIAL BOOKS AND RECORDS OF THE REGISTRANT ARE KEPT**

(If location is different than registrant address, please attach an explanation.)

Name		Telephone No. (      )	
Street Address		City	
County	State	Zip Code	

Please identify any additional Michigan office locations at which the business of the registrant is conducted. Attach additional pages as necessary.

Name		Telephone No. (      )	
Street Address		City	
County	State	Zip Code	

# Certification

I hereby certify that the foregoing REGISTRATION is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the REGISTRATION.

Authorized Signature	Title
----------------------	-------

STATE OF (\_\_\_\_\_)

SS

COUNTY OF (\_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for said County personally appeared \_\_\_\_\_ \*

known to me to be said person named in and who executed the foregoing registration and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\*Type or print name of person appearing before notary.



# Affidavit

## Official Signing of Registration (For corporate registrants only)

I, \_\_\_\_\_ of  
Name and Title of Official

\_\_\_\_\_  
Registrant Name  
a corporation organized in the State of \_\_\_\_\_, do hereby declare that I am duly  
authorized to file the foregoing registration and that the statements and representations set forth therein are  
true to the best of my knowledge and belief.

Authorized Signature	Title
----------------------	-------

STATE OF (\_\_\_\_\_)

SS

COUNTY OF (\_\_\_\_\_)

Subscribed and sworn to before me, a Notary Public in and for said County, on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# Affidavit

## Official Signing of Registration (For general partnership registrants only)

I, \_\_\_\_\_ of  
Name and Title of Official

\_\_\_\_\_  
Registrant Name  
a general partnership organized in the State of \_\_\_\_\_, do hereby declare that

I am duly authorized to file the foregoing registration and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature	Title
----------------------	-------

STATE OF (\_\_\_\_\_)

SS

COUNTY OF (\_\_\_\_\_)

Subscribed and sworn to before me, a Notary Public in and for said County, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# Affidavit

## Official Signing of Registration (For limited partnership registrants only)

I, \_\_\_\_\_ of  
Name and Title of Official

\_\_\_\_\_  
Registrant Name  
a limited partnership organized in the State of \_\_\_\_\_, do hereby declare that

I am duly authorized to file the foregoing registration and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature	Title

STATE OF (\_\_\_\_\_)

SS

COUNTY OF (\_\_\_\_\_)

Subscribed and sworn to before me, a Notary Public in and for said County, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# Affidavit

## Official Signing of Registration (For limited liability company registrants only)

I, \_\_\_\_\_ of  
Name and Title of Official

\_\_\_\_\_  
Registrant Name  
a limited liability company organized in the State of \_\_\_\_\_, do hereby declare  
that I am duly authorized to file the foregoing registration and that the statements and representations set  
forth herein are true to the best of my knowledge and belief.

Authorized Signature	Title

STATE OF (\_\_\_\_\_)                      SS  
COUNTY OF (\_\_\_\_\_)                      SS

Subscribed and sworn to before me, a Notary Public in and for said County, on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# Certificate of Resolution

## CORPORATE BOARD OF DIRECTORS

(For corporate registrants only)

*Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.*

This is to certify that at a \_\_\_\_\_ meeting of the Board of Directors of \_\_\_\_\_  
Regular or Special  
 \_\_\_\_\_, a corporation organized under the laws of the State  
Registrant Name  
 of \_\_\_\_\_, held at the office of said corporation at \_\_\_\_\_ of  
City, Village, or Twp.  
 \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the following resolution was duly and  
 legally presented and adopted by majority vote of the Board, to wit:

It being the desire and purpose of the Board of Directors of \_\_\_\_\_  
Registrant Name  
 that this corporation should take steps to be registered as a \_\_\_\_\_ under  
Broker, Lender and/or Servicer  
 the provisions of Act No. 125 of the Public Acts of 1981, as amended.

BE IT RESOLVED, that \_\_\_\_\_ as \_\_\_\_\_  
Name Title  
 of this corporation, and in his/her official capacity is hereby authorized and directed to prepare, execute,  
 verify, and present to the proper state authorities of the State of Michigan, and for and on behalf of said  
 \_\_\_\_\_, written registration under the provisions of the  
Registrant Name  
 Act No. 125 of the Public Acts of 1981, as amended, authorizing the conducting of said business as a  
 \_\_\_\_\_ by this corporation and to do all acts and perform all necessary  
Broker, Lender and/or Servicer  
 legal requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date

# Certificate of Resolution

(For general partnership registrants only)

*Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.*

This is to certify that at a \_\_\_\_\_ meeting of the Partners of \_\_\_\_\_  
Regular or Special  
 \_\_\_\_\_, a general partnership organized under the laws of  
Registrant Name  
 the state of \_\_\_\_\_, held at the office of said corporation at \_\_\_\_\_ of  
City, Village, or Twp.  
 \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the following resolution was duly and  
 legally presented and adopted by majority vote of the Partners, to wit:

It being the desire and purpose of the Partners of \_\_\_\_\_  
Registrant Name  
 that this general partnership should take steps to be registered as a \_\_\_\_\_  
Broker, Lender and/or Servicer  
 under the provisions of Act No. 125 of the Public Acts of 1981, as amended.

BE IT RESOLVED, that \_\_\_\_\_ as \_\_\_\_\_  
Name Title  
 of this general partnership, and in his/her official capacity is hereby authorized and directed to prepare,  
 execute, verify, and present to the proper state authorities of the State of Michigan, and for and on behalf  
 of said \_\_\_\_\_, written registration under the provisions of the  
Registrant Name  
 Act No. 125 of the Public Acts of 1981, as amended, authorizing the conducting of said business as a  
 \_\_\_\_\_ by this general partnership and to do all acts and perform  
Broker, Lender and/or Servicer  
 all necessary legal requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date

# Certificate of Resolution

## CORPORATE BOARD OF DIRECTORS OF THE GENERAL PARTNER

(For limited partnership registrants only)

*Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.*

This is to certify that at a \_\_\_\_\_ meeting of the Board of Directors of \_\_\_\_\_  
Regular or Special  
 \_\_\_\_\_, a limited partnership organized under the laws of  
Registrant Name  
 the State of \_\_\_\_\_, held at the office of said limited partnership at \_\_\_\_\_ of  
City, Village, or Twp.  
 \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the following resolution was duly and  
 legally presented and adopted by majority vote of the Board to wit:

It being the desire and purpose of the Board of Directors of \_\_\_\_\_  
General Name  
 a general partner of \_\_\_\_\_ that this limited  
Registrant Name  
 partnership should take steps to engage in business under the provisions of Act No. 125 of the Public Acts  
 of 1981, as amended.

BE IT RESOLVED, that \_\_\_\_\_ as \_\_\_\_\_  
Name Title  
 of this limited partnership, and in his/her official capacity is hereby authorized and directed to prepare,  
 execute, verify, and present to the proper state authorities of the State of Michigan, and for and on behalf  
 of said \_\_\_\_\_, written application under the provisions of  
Registrant Name  
 Act No. 125 of the Public Acts of 1981, as amended, authorizing the conducting of said business as a  
 \_\_\_\_\_ by this general partnership and to do all acts and perform  
Broker, Lender and/or Servicer  
 all necessary legal requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date

# Certificate of Resolution

(For limited liability company only)

*Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.*

This is to certify that at a \_\_\_\_\_ meeting of the Members of \_\_\_\_\_  
 \_\_\_\_\_, a limited liability company organized under the laws of  
Registrant Name  
 the State of \_\_\_\_\_, held at the office of said limited liability company at \_\_\_\_\_ of  
City, Village, or Twp.  
 \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the following resolution was duly and  
 legally presented and adopted by majority vote of the Members to wit:

It being the desire and purpose of the Members of \_\_\_\_\_  
Registrant Name  
 that this limited liability company should take steps to be registered as a \_\_\_\_\_  
Broker, Lender and/or Servicer  
 under the provisions of Act No. 125 of the Public Acts of 1981, as amended.

BE IT RESOLVED, that \_\_\_\_\_ as \_\_\_\_\_  
Name Title  
 of this limited liability company, and in his / her official capacity is hereby authorized and directed to  
 prepare, execute, verify, and present to the proper state authorities of the State of Michigan, and for on  
 behalf of said \_\_\_\_\_, written application under the  
Registrant Name  
 provisions of Act No. 125 of the Public Acts of 1981, as amended, authorizing the conducting of said  
 business as a \_\_\_\_\_ by this limited liability company and to do  
Broker, Lender and/or Servicer  
 all acts and perform all necessary legal requirements on behalf of said limited liability company to procure  
 the same.

Authorized Signature

Title

Date



# Certificate of Agreement

(For general partnership registrants only)

It being the desire and purpose of all the general partners of \_\_\_\_\_  
Registrant Name

that this general partnership should take steps to be registered as a \_\_\_\_\_  
Broker, Lender and/or Servicer  
 under the provisions of Act No. 125 of the Public Acts of 1981, as amended.

IT IS HEREBY AGREED that \_\_\_\_\_, as  
Name  
 \_\_\_\_\_ of this general partnership, in his/her official capacity is hereby  
 authorized and directed to prepare, execute, verify and present to the proper state authorities of the State of  
 Michigan, and for and on behalf of said \_\_\_\_\_, written  
Registrant Name  
 application for registration under the provision of Act No. 125 of the Public Acts of 1981, as amended,  
 authorizing the conducting of said business as a \_\_\_\_\_ by general  
Broker, Lender and/or Servicer  
 partnership and to do all acts and perform all necessary legal requirements on behalf of said general  
 partnership to procure the same.

General Partner	Signature and Title	Date
General Partner	Signature and Title	Date
General Partner	Signature and Title	Date

# Certificate of Agreement

(For limited partnership registrants only)

It being the desire and purpose of all the limited partners of \_\_\_\_\_  
Registrant Name

that this limited partnership should take steps to be registered as a \_\_\_\_\_  
Broker, Lender and/or Servicer

under the provisions of Act No. 125 of the Public Acts of 1981, as amended.

IT IS HEREBY AGREED that \_\_\_\_\_, as  
Name  
 \_\_\_\_\_ of this limited partnership, in his/her official capacity is hereby  
 authorized and directed to prepare, execute, verify and present to the proper state authorities of the State of  
 Michigan, and for and on behalf of said \_\_\_\_\_, written  
Registrant Name  
 application for registration under the provision of Act No. 125 of the Public Acts of 1981, as amended,  
 authorizing the conducting of said business as a \_\_\_\_\_ by this  
Broker, Lender and/or Servicer  
 limited partnership and to do all acts and perform all necessary legal requirements on behalf of said limited  
 partnership to procure the same.

Limited Partner	Signature and Title	Date
Limited Partner	Signature and Title	Date
Limited Partner	Signature and Title	Date

## ALL APPLICANTS MUST COMPLETE A FINANCIAL STATEMENT

FINANCIAL STATEMENT AS OF \_\_\_\_\_  
month/day/year

Registrant Name \_\_\_\_\_

Fiscal Year-end of Registrant \_\_\_\_\_

## ASSETS

Cash on Hand and in Banks \$ \_\_\_\_\_

Notes Receivable \*\* \_\_\_\_\_

Accounts Receivable \*\* \_\_\_\_\_

Mortgage Loans and Contracts Receivable \_\_\_\_\_

Stocks, Bonds and Other Investments \*\* \_\_\_\_\_

Furniture, Fixtures and Equipment \_\_\_\_\_

Real Estate and Buildings \*\* \_\_\_\_\_

Other Assets \*\* \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

## LIABILITIES AND NET WORTH

Notes Payable \$ \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Contracts and Mortgages Payable \*\* \_\_\_\_\_

Other Liabilities \*\* \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

Capital Stock \$ \_\_\_\_\_

Capital Surplus \_\_\_\_\_

Retained Earnings \_\_\_\_\_

TOTAL NET WORTH 

TOTAL LIABILITIES AND NET WORTH \$ \_\_\_\_\_

\*\* Detail these items on a separate, attached page(s).

Are any of the receivables or other assets shown above due from Officers, Directors, or related companies?  
If yes, please detail on a separate page.

Bond No.

# BOND

## SECONDARY MORTGAGE BROKER, LENDER, AND/OR SERVICER

KNOW ALL PERSONS BY THESE PRESENTS, That \_\_\_\_\_  
 of \_\_\_\_\_, State of \_\_\_\_\_  
 as PRINCIPAL and \_\_\_\_\_  
 of \_\_\_\_\_ as SURETY are held and  
 firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons  
 who may have a cause of action against the above principal under the provisions of Act No. 125 of the Public  
 Acts of 1981, as amended, in the sum of \$\_\_\_\_\_, lawful money of the United States,  
 to be paid to the said People of the State of Michigan, or its assigns, for payment to be well and truly made, we  
 bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally,  
 firmly by these presents.

Sealed with our seals, and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Whereas, the above bounden principal has received, or is about to receive, a license or registration from the  
 Commissioner, Office of Financial and Insurance Services of said State of Michigan authorizing the PRINCIPAL  
 to engage in the business of a secondary mortgage broker, lender, and/or servicer under the provisions of Act  
 No. 125 of the Public Acts of 1981, as amended.

The condition of this obligation is such, that if the said principal will conform to and comply with each and  
 every provision of Act No. 125 of the Public Acts of 1981, as amended, and all rules and regulations lawfully  
 promulgated thereunder by the Commissioner, Office of Financial and Insurance Services of the State of  
 Michigan, and will pay to said State and to such person or persons, any and all monies that may become due or  
 owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions  
 of said Act No. 125 of the Public Acts of 1981, as amended, then this obligation shall be void, otherwise it is  
 to remain in full force and effect.

This bond shall be effective \_\_\_\_\_, \_\_\_\_\_ and shall be in force for the term  
 ending December 31, \_\_\_\_\_. This bond may be continued in force for an additional term or terms by  
 suitable continuation certificates executed by the surety with the approval of the Commissioner, pursuant to  
 such regulations as may hereafter be provided.

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

IN PRESENCE OF:

Principal

\_\_\_\_\_  
 (L.S.)

\_\_\_\_\_(L.S.)

## SPECIMEN LETTER OF CREDIT

To be used under Act No. 125 of the Public Acts of 1981, as amended.

IRREVOCABLE STANDBY LETTER OF CREDIT NO. \_\_\_\_\_

Michigan Department of Consumer & Industry Services  
Commissioner of the Office of Financial and Insurance Services  
Division of Financial Institutions  
333 South Capitol Avenue, Suite A  
P. O. Box 30224  
Lansing, MI 48909

Commissioner:

We hereby establish our Irrevocable Standby Letter of Credit No. \_\_\_\_\_ in your favor for the account of \_\_\_\_\_ (the "Account Party") up to the aggregate amount of U.S. \_\_\_\_\_.

The credit amount is available to you by your draft(s) on us at sight when accompanied by your signed and dated statement reading as follows:

The undersigned (the Commissioner) hereby demands the sum of \_\_\_\_\_ (*specify*) under \_\_\_\_\_ (*name of issuing bank*) (the Issuing Bank) Irrevocable Letter of Credit No. \_\_\_\_\_ (*specify*) (the Credit), issued for the account of \_\_\_\_\_ (*name of secondary mortgage broker/lender/servicer*) (the Account Party), as evidenced by the sight draft accompanying this statement, and certifies that one or more of the following has occurred:

1. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with Act No. 125 of the Public Acts of 1981, as amended.
2. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with a rule promulgated by the Commissioner, pursuant to Act No. 125 of the Public Acts of 1981, as amended.
3. The Account Party, at the sole determination of the Commissioner, has not paid money as such money has come due.
4. The Commissioner has been notified by the Issuing Bank that it has elected not to extend the expiration date of the Credit, and the Account Party has failed to provide a replacement letter of credit or other proof of financial responsibility specified under Act No. 125 of the Public Acts of 1981, as amended, fully acceptable to the Commissioner, at least sixty (60) days prior to the current expiry of the Credit.

## Specimen Letter of Credit

Drafts must be presented at our office at \_\_\_\_\_ no later than December 31, \_\_\_\_\_.

All drafts must be marked: Drawn under Irrevocable Standby Letter of Credit No. \_\_\_\_\_, dated \_\_\_\_\_, \_\_\_\_\_.

It is a condition of the Letter of Credit that it be automatically extended for a period of one year from its present or future expiration date unless we notify you in writing by registered mail at least ninety (90) days prior to such date that we elect not to extend the expiration of this Letter of Credit for such additional period.

We hereby agree with you that drafts drawn under and in compliance with the terms of this credit shall be duly honored on due presentation.

This credit is subject to Uniform Customs and Practice for Documentary Credits (1993 Revision), International Chamber of Commerce Publication 500.

Sincerely,

---

Authorized Signature

# STATEMENT OF EXEMPTION OF PROOF OF FINANCIAL RESPONSIBILITY DEPOSIT

This statement of exemption is made pursuant to section 6 of Act No. 125 of the Public Acts of 1981, as amended, and in conjunction with an application for registration or license as a mortgage broker, to waive the proof of financial responsibility deposit requirement.

Please complete the following information, sign and date the certification, and submit this form to the Division of Financial Institutions as part of your registration or license application.

REGISTRANT NAME AND ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Certification

I hereby certify that the above-named registrant acts solely as a mortgage broker as defined under Act No. 125 of the Public Acts of 1981, as amended, and does not receive funds from a prospective borrower prior to the closing of any mortgage loan. The registrant or licensee understands that the collection of any such funds without first providing a proof of financial responsibility deposit acceptable to the Commissioner, may be grounds for immediate revocation, suspension, or non-renewal of its registration or license.

Authorized Signature	Title
----------------------	-------

STATE OF (\_\_\_\_\_)

SS

COUNTY OF (\_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for said County personally appeared

\_\_\_\_\_ \* known to me to be said person  
 named in and who executed the foregoing application for exemption and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 My Commission Expires

\* Type or print name of person appearing before notary.